

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Matter of the Patent of)(
Donald M. Yale)(
Patent No. 5,271,638)(
Issued: December. 21, 1993)(
Application No. 930,997)(
Filed: August 17, 1992)(
For: TRUCK STEERING STABILIZER)(
)

RECEIVED

MAR 12 1997

Group 1
OFFICE OF PETITIONS
AC PATENTS
Examiner: Eric D. Cuthbert
Attorney's Dkt. No. 9606

Commissioner of Patents and Trademarks
Washington D. C. 20231

AFFIDAVIT ON BEHALF OF APPLICANT'S
PETITION FOR REINSTATEMENT OF PATENT UNDER 37 CFR 1.378
AND PAYMENT OF MAINTENANCE FEE UNAVOIDABLY DELAYED
SUPPLEMENTAL AFFIDAVIT OF APPLICANT

THE STATE OF TEXAS)
COUNTY OF GREGG)

BEFORE ME, the undersigned, authority, on this day personally appeared Donald M. Yale, and who after being by me sworn deposes and says;

1. My name is Donald M. Yale; I am the inventor, applicant and owner of the reference patent and the subject material therein;

2. A continuation-in-part application of the reference application and patent has been prepared, filed and is pending before the United States Patent Office;

4. I have known Mr. Nisbett for several years and have consulted with him concerning the above described patent applications on several occasions and concerning manufacture and sale of one embodiment of the device described in the applications; I am a retired truck driver and my wife and I live on social security payments of about \$1,000.00 a month; the income is barely enough for us to live and we operate a business manufacturing and selling one embodiment of the device described in the patent; when the patent was issued, I received from Mr. Nisbett a copy of the rules and statutes concerning payment of the maintenance fees and the amounts of such fees; I intended to be able to timely pay the first maintenance fee when it became due:

5. The first maintenance fee for the Patent No. 5,271,638 was due between December 21, 1996, and June 21, 1997;

6. Sometime after August 8, 1997, Mr. Nisbett and I discussed the Maintenance Fee Reminder from the Patent and Trademark Office (copy attached to Mr. Nisbett's affidavit as

Exhibit A, submitted with Original Petition) which indicated the fees were due and which I planned to pay as soon as I was able;

7. During another office visit in March 1998, I indicated to Mr. Nisbett that I had not been able to pay the maintenance fee because of the limited income on which my wife and I live but that I thought I could now pay the maintenance fee; the amount of the fee and surcharge required were discussed and I ask Mr. Nisbett to prepare the necessary papers; I borrowed the funds to pay the maintenance fee and surcharge;

8. After a diligent search of the files and records, Affiant is not aware of any other communications or records concerning payment of the Maintenance Fee;

9. That attached hereto as Exhibits S-1, S-2, S-3 and S-4 are four pages namely: a SSA-1099 form for Donald Yale, a SSA-1099 form for Velma Yale, a 1139 form for tax refund and a letter from the IRS showing that Don and Velma Yale did not have sufficient income to be required to file and income tax return; that these documents accurately reflect the income received by the Applicant during 1996, 1997 and 1998; and these documents show that the Applicant was not able to pay the fees as stated above;

Further Affiant sayeth not.

BEFORE ME, the undersigned authority, personally appeared Donald M. Yale, who upon oath deposes and says that he is the herein, that he has personal knowledge of the facts stated in the above Affidavit and that said facts are true and correct.

Donald M. Yale
Donald M. Yale

SUBSCRIBED AND SWORN TO before me on this the 11 day of FEBRUARY, 1999.

Marlene Downing
Notary Public



1997

Box 1. Name

Box 2. Beneficiary's Social Security Number

052-28-3594

Box 3. Benefits Paid in 1997

\$8,160.00

Box 4. Benefits Repaid to SSA in 1997

NONE

Box 5. Net Benefits for 1997 (*Box 3 minus Box 4*)

\$8,160.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or
direct deposit

\$8,160.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

DONALD M YALE
806 E LAKE DR
GLADEWATER TX 75647-5115

Box 8. Claim Number (Use this number if you need to contact SSA.)

052-28-3594A

Form SSA-1099-SM (1-98)

DO NOT RETURN THIS FORM TO SSA OR IRS

Social Security Administration
Northeastern Program Service Center
1 Jamaica Center Plaza
Jamaica, NY 11432-3898

**OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300**

07990CRE01010023102

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M10
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FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

***** AUTOCR ** C003
DONALD M YALE
806 E LAKE DR
GLADEWATER TX 75647-5115

EXHIBIT S-1

|||||

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

1997

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name VELMA YALE		Box 2. Beneficiary's Social Security Number 088-26-4545	
Box 3. Benefits Paid in 1997 \$3,864.00	Box 4. Benefits Repaid to SSA in 1997 NONE	Box 5. Net Benefits for 1997 (Box 3 minus Box 4) \$3,864.00	
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or direct deposit \$3,864.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE	
		Box 6. Voluntary Federal Income Tax Withheld NONE	
		Box 7. Address VELMA YALE 806 E LAKE DR GLADEWATER TX 75647-5115	
		Box 8. Claim Number (Use this number if you need to contact SSA.) 088-26-4545A	

Form SSA-1099-SM (1-98)

DO NOT RETURN THIS FORM TO SSA OR IRS

Social Security Administration
Northeastern Program Service Center
1 Jamaica Center Plaza
Jamaica, NY 11432-3898

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

07990CRE01010023022

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FIRST-CLASS MAIL
POSTAGE AND FEES PAID
SOCIAL SECURITY
ADMINISTRATION
PERMIT NO. G-11

***** AUTOCR ** C003
VELMA YALE
806 E LAKE DR
GLADEWATER TX 75647-5115

EXHIBIT 5-2

(Rev. October 1997)

▶ Read the separate instructions before completing this form.

OMB No. 1545-0582

Department of the Treasury
Internal Revenue Service

▶ Do not attach to the corporation's income tax return -- mail in a separate envelope.

Name DONVEL INC.	Employer identification number 75-1641061
Number, street, and room or suite no. (If a P.O. box, see separate instructions.) 806 E. LAKE DR.	Date of incorporation 11/01/1979
City or town, state, and ZIP code GLADEWATER TX 75647	Telephone number (optional)

1 This application is filed to carry back:	a Net operating loss (attach computation) ▶ \$ 7,392.	c Unused general business credit (attach computation) ▶ \$ 0.
	b Net capital loss (attach computation). . . ▶ \$ 0.	
2 Return for year of loss, unused credit, or overpayment under section 1341(b)(1). . . ▶	a Tax year ended 12/31/1996	b Date filed 02/22/1997
	c Service center where filed AUSTIN, TX	
3 If this application is for an unused credit created by another carryback, enter ending date for tax year of first carryback ▶		
4 Does the net operating loss or net capital loss result in the release of foreign tax credits or the release of other tax credits because of the release of a foreign tax credit? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," you cannot file Form 1139. Instead, use Form 1120X.		
5a Was a consolidated return filed for any tax year covered on this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," identify the year and enter the name of the common parent and its EIN, if different from above ▶		
6a If Form 1138 has been filed, was an extension of time granted for filing the return for tax year of the net operating loss? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," give date to which ext. was granted ▶ C Give date Form 1138 was filed . . ▶		
d Unpaid tax for which Form 1138 is in effect ▶		
7 If you changed your accounting period, give date permission to change was granted. ▶		
8 If this is an application of a dissolved corporation, enter date of dissolution. ▶		
9 Have you filed a petition in Tax Court for the year or years to which the carryback is to be applied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
10 Does this carryback include a loss or credit from a tax shelter required to be registered? If "Yes," attach Form(s) 8271 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11a Does the carryback include a specified liability loss that is attributable to a product liability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Does the carryback include a specified liability loss that is attributable to a Federal or state law or to a tort other than product liability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If the answer to question 11a or 11b is "Yes," see the instructions and attach a statement.		

Computation of Decrease in Tax	3rd preceding tax year ended ▶ 1993		2nd preceding tax year ended ▶ 1994		1st preceding tax year ended ▶ 1995	
	(a) Before carryback	(b) After carryback	(c) Before carryback	(d) After carryback	(e) Before carryback	(f) After carryback
12 Taxable income from tax return	6,332.	6,332.	11,140.	11,140.	24,794.	24,794.
13 Capital loss carryback (see instructions)						
14 Subtract line 13 from line 12.		6,332.		11,140.		24,794.
15 Net operating loss deduction (see Inst.).		6,332.		1,060.		
16 Taxable income (subtract line 15 from line 14) . .		0.		10,080.		24,794.
17 Income tax	950.	0.	1,671.	1,512.	3,719.	3,719.
18 General business credit (see instructions) .	950.	0.	1,671.	1,512.	65.	1,174.
19 Other credits (identify)						
20 Total credits (add lines 18 and 19)	950.	0.	1,671.	1,512.	65.	1,174.
21 Subtract line 20 from line 17.	0.	0.	0.	0.	3,654.	2,545.
22 Personal holding co. tax (Sch. PH (Form 1120)) . .						
23 Recapture taxes						
24 Alternative minimum tax and environmental tax . .						
25 Total tax liability (add lines 21 through 24) .	0.	0.	0.	0.	3,654.	2,545.
26 Recomputed tax liability (see instructions) .	0.		0.		2,545.	
27 Decrease in tax (subtract line 26 from line 25) . .	0.		0.		1,109.	
28 Overpayment of tax due to a claim of right adjustment under section 1341(b)(1) -- attach computation. ▶						0.

Sign Here
Keep a copy of this application for your records.

Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of officer _____ Date _____ Title _____

Preparer Other Than Taxpayer	Name ▶ YOUNGBLOOD BOOKKEEPING SVC.	Date
	Address ▶ 1101 W. UPSHUR	
	GLADEWATER TX 75647	02/10/1998

EXHIBIT S-3



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

January 13, 1998

DON & VELMA YALE
806 E LAKE DR
GLADEWATER TX

756475115063

Dear DON & VELMA YALE

Did you know that you may not have to file a 1997 federal income tax return? According to our records, you did not have to file a 1996 federal tax return. If you have the same kind and about the same amount of income this year as you did last year, you probably **won't** have to file a 1997 federal income tax return.

If you don't have to file a return, you'll save time. And, if you usually pay someone else to prepare your return, you'll also save money.

To see if this might work for you, please fill out the enclosed worksheet and compare line 7 with the chart. You probably do not need to file a 1997 tax return if your gross income is less than the amount shown in the last column of the chart for your filing status and age. **Do not mail the worksheet back to the IRS.** Keep the worksheet for your files.

There are some special situations that may require you to file. These situations are explained in the general instructions on page 2 of the worksheet. And of course, if your income is more than the minimum shown on the chart, you **will** need to file a federal tax return. If you need to file, and you do not have a federal tax package, you can call 1-800-829-3676 to obtain one.

As a reminder, even if you don't have to file a federal tax return, you still may need to file a state tax return. This is because federal and state filing requirements are sometimes different. We are also enclosing a list of state tax agencies' telephone numbers to help you find out if you need to file a state tax return.

Please call us at 1-800-829-1040 if you have any questions or wish to receive information on the location of the nearest free tax assistance site.

The Internal Revenue Service is sending this information as part of our customer service and outreach efforts. We hope this information helps you to decide whether you need to file a 1997 federal tax return.

Sincerely,

Barbara A. Jenkins
National Director,
Submission Processing

Enclosures

Letter 2735(NO) (Rev. 7-97)

EXHIBIT S-4